

ADULT SPORTS ROSTER

LODI PARKS AND RECREATION DEPARTMENT
125 N. STOCKTON ST., LODI, CA. 95240
OFFICE 333-6742 FIELD CONDITIONS 333-6744
ADULT SPORTS 333-6800 x 450

Please print clearly

Circle one SOFTBALL BASKETBALL SOCCER VOLLEYBALL

For softball leagues, you must have an ASA waiver signed by each player in addition to this roster.

Circle one MENS WOMENS COED

TEAM NAME _____

TEAM NAME last year _____ team name last season _____

MANAGER'S NAME _____

STREET ADDRESS _____

CITY _____ ZIP _____

PHONE (home) _____ (work) _____

MANAGER'S e-mail _____ fax _____

All schedules and correspondence will be mailed to the above.

ALTERNATE CONTACT _____

PHONE (home) _____ (work) _____

LEVEL REQUESTED: (circle) above average average not so good

ALL DECISIONS WILL BE FINAL IN CLASSIFICATION OF TEAMS.

TEAMS MAY BE SCHEDULED TO PLAY ANY NIGHT OF THE WEEK

MANAGER:

EACH PLAYER LIVING OUTSIDE THE LODI CITY LIMITS IS REQUIRED TO PAY A \$20.00 NON-RESIDENT FEE ANNUALLY (Jan. 1-Dec. 31). ALL NON-RESIDENTS MUST BE MARKED ON THE REVERSE SIDE. ALL PLAYERS MUST LIVE IN THE LODI SCHOOL DISTRICT. Player eligibility is defined by two terms: residents are those who live inside the city limits of Lodi; non-residents are those who live inside the LUSD boundaries but outside the Lodi city limits.

ALL ADD-ON OR LATE ADDITION PLAYERS MUST CONFORM TO THE ABOVE REQUIREMENTS.

Manager must sign below to indicate that the above information is true and correct to the best of your knowledge.

X _____ date _____

For office use only

DATE RECEIVED _____ BY _____ CHECK # _____

TEAM FEE \$ _____

NON-RESIDENT FEE # OF PLAYERS _____ x \$20 = \$ _____

TOTAL \$ _____

DIVISION ASSIGNED _____

DIVISION LAST SEASON _____ RECORD _____ - _____

PLAYER ROSTER, WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

NOTICE: All players must sign the roster. A player signing his/her name on this roster must realize that, in the participation of this sport/activity, he/she releases any and all claims for damage or injuries that may occur against the City of Lodi, the Parks and Recreation Department, the Lodi Unified School District, and/or the league or sponsors. There is no accident insurance for the participants in this program. I hereby give the City of Lodi, and the Parks and Recreation Department full permission to use, publish, and copyright photographic prints or other reproductions from all negatives made of me, either in conjunction with or without using my name for publication, promotion, advertising, or display purposes.

TEAM NAME: _____ (Adults living outside the City limits must pay \$20.00/participation fee.)

	NAME (PLEASE PRINT)	SIGNATURE	STREET ADDRESS, CITY, ZIP	AGE	PHONE	TEAM LAST YEAR	CITY LIMITS RESIDENT - YES OR NO
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
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